Sign here	E. Ad G. An H. An Under		Sched A. Fe		e or Refund	ATTACH COPY Deductions	2 OF FORMS MoW-2	HERE • ATTACH CI		MONEY ORDER	1
HEFE. Taxpayer's signature and date	Additional Tax for years Total of lines C, D and E Amount deducted on this return Amount deducted on spouse's r Ste panelty of perjury, I declare that prapared by a person other than taxon	Paid by withholding and declaration in 1971 Line A or B whichever is smaller Balance 1970 paid in 1971	Schedule of Federal Income Tax Paid in 1971 A. Federal Income Tax for 1971		16. Taxable Net Inco 17. TAX DUE (Enter 18. (A) Missouri Tax 18. (B) Payments on (C) Dividend Cred (C) Dividend Cred 19. If your tax (line 1			2. Check Block Which is Applicable: a. Single b. Married filing joint return c. Married filing separate return d. Unmarried "Head of Famil Name of dependent Name of dependent used to qualify t 4a. Enter total number of dependent 4b. Add personal exemption amount	THIS RETURN OR BEFORE IL 15, 1972	OR S	PRINT OF REVENUE
	E. Additional Tax for yearspaid in 1971 E. Total of lines C, D and E G. Amount deducted on this return H. Amount deducted on space's return Hill Amount deducted on space's return Hill prepared by a person other than tacoper, his deduction is based on all information.		Paid in 1971 \$	Pay in full with this return to "Director of Revenue". If less than \$1.00 file return without payment flyour payments (line 18) are larger than your tax (line 17) enter the OVERPAYMENThere No return will be made if less than \$1.00	Taxable Net Income (deduct line 15 from line 10) TAX DUE (Enter Tax From Page 2). (A) Missouri Tax Withheld (Artach Copy 2 Forms Missouri W2s). (B) Payments on 1971 Declaration of Missouri Estimated Tax. (C) Dividend Credit (Col. (e) Schedule A FORM 28-10 MS) (Not to acceed Tax Due Line 17). (C) Dividend Credit (Col. (e) Schedule A FORM 28-10 MS) (Not to acceed Tax Due Line 17). (T) Out tax (line 17) is larger than your payments (line 18) enter the RAI ANCE DIFFere	UCTIONS — Federal Income Tax (Line G, Schedule at bottom of page) Federal Income Tax (Line G, Schedule at bottom of page) Fersonal exemptions and deductions for dependents Enter 5% Line 10, Short Form Daduction (Not To Exceed \$500) Enter total deductions itemized on page 2. If line 10 is \$10,000 or more standard deduction of \$500 may be used TOTAL DEDUCTIONS TOTAL DEDUCTIONS	Salaries, Wages, Commissions, Tips, Bonuses, or other Compensation before payroll deductions (Attach Copy 2 Forms MoW-2's) Net income from profession, trade, or business (Schedule C, FORM Dividends (Schedule A, FORM 28-10 MS) Interest (See instructions) (Schedule B, FORM 28-10 MS) Interest (See instructions) (Schedule B, FORM 28-10 MS) Net income from all other sources (Total Schedules D, E, F, and G, Net income from all other sources (Total Schedules D, E, F, and G, Net income from all other sources (Total Schedules D, E, F, and G, Net income from all other sources (Total Schedules D, E, F, and G, Net income from all other sources (Total Schedules D, E, F, and G, Net income from all other sources (Total Schedules D, E, F, and G, Net income from all other sources (Total Schedules D, E, F, and G, Net income from all other sources (Total Schedules D, E, F, and G, Net income from all other sources (Total Schedules D, E, F, and G, Net income from all other sources (Total Schedules D, E, F, and G, Net income from all other sources (Total Schedules D, E, F, and G, Net income from all other sources (Total Schedules D, E, F, and G, Net income from all other sources (Total Schedules D, E, F, and G, Net income from all other sources (Total Schedules D, E, F, and G, Net income from all other sources (Total Schedules D, E, F, and G, Net income from all other sources (Total Schedules D, E, F, and G, Net income from all other sources (Total Schedules D, E, F, and G, Net income from all other sources (Total Schedules D, E, F, and G, Net income from all other sources (Total Schedules D, E, F, and G, Net income from all other sources (Total Schedules D, E, F, and G, Net income from all other sources (Total Schedules D, E, F, and G, Net income from all other sources (Total Schedules D, E, F, and G, Net income from all other sources (Total Schedules D, E, E, and G, Net income from all other sources (Total Schedules D, E, E, and G, Net income from all other sources (Total Schedules D, E,	2. Check Block Which is Applicable: a. Single b. Married filing joint return c. Married filing separate return c. Married filing separate return d. Unmarried "Head of Family" Name of dependent dependent used to qualify taxpayer for "Head of Family" cannot be claimed on lines 3a or 3 b. Comparison of dependent used to qualify taxpayer for "Head of Family" cannot be claimed on lines 3a or 3 b. Comparison of dependent used to qualify taxpayer for "Head of Family" cannot be claimed on lines 3a or 3 b. Comparison of dependent used to qualify taxpayer for "Head of Family" cannot be claimed on lines 3a or 3 b. Comparison of the deduction for dependents on line 4 and amount of deduction for dependents on line 4 and amount of deduction for dependents on line 4 and amount of deduction for dependents on line 4 and amount of deduction for dependents on line 4 and amount of deduction for dependents on line 4 and amount of deduction for dependents on line 4 and amount of deduction for dependents on line 4 and amount of deduction for dependents on line 4 and amount of deduction for dependents on line 4 and amount of deduction for dependents on line 4 and amount of deduction for dependents on line 4 and amount of deduction for dependents on line 4 and amount of deduction for dependents on line 4 and amount of deduction for dependents on line 4 and amount of deduction for dependents on line 4 and amount of deduction for dependents on line 4 and amount of deduction for dependent delication for delication for dependent delication for delicati	EXEMPTION AMOUNT \$1200.00 Single \$2400.00 Married filing joint	Home address (Number and street or rural route) City, town or post office, and State	Or Other Taxable Year Beginning
If joint return both husband and wife must sign	IF REFUNDI-Mail Fo. Director of Revenue P.O. Box 500 Jefferson City, Mo. 65101 manying atheliates and statements, and to the best o	If "No" give dates	,	turn to "Director of Revenue". If less than \$1.00 file return without p 18) are larger than your tax (line 17) enter the OVERPAYMENThere if less than \$1.00	0) ns Missouri W-2's) ns Missouri W-2's) stimated Tax 10 MS) (Not to exceed Tax Du (line 18) enter the RAI ANCE	69	FORM 28-11, FORM 28-11, FORM 28-11, FORM 28-11		Married filing separate — \$1200.00 each \$2400.00 Unmarried "Head of Family"	rural route)	middle initials of b
	<u>_</u>	971 t	issouri for the en	t payment ere	e Line 17)	SHORT FORM LONG		3b.	\$1200.00 each ead of Family"	Postal Zi ⁿ code	oth) Last name
Wife's signature and date	UTHER RETURNS—Mail To: Director of Revenue P.O. Box 329 Jefferson City, Mo. 65101 ary transient and complete. Bry transient and complete.	issouri - 1971.	tire taxable year?			FORM	## RES	3b. List name and relationship of other dependents with less than \$400 income claimed by you: Total number other dependents Total number other dependents enter total on line 12.	Wife's occupation	Your occupation Wile's number, if	Your social security number (Husband's if joint return)
			-			filing sep- year resi- nor-resident, ctions for 12, and 14.	SOUR)	income		joint return	ity number int return)

PAGE 2 OF RETURN
Do not use this schedule if you compute tax on short form tax table, or if you use standard \$500 deduction on long form computation of a return with adjusted gross income in excess of \$10,000. Husband and wife filing separately must claim their own deductions or notate total deduction.

Medical and dental expenses (not compensated by insurance or | Contributions.

							_							_																
1800.00 2000.00 2200.00	1200.01 to 1400.00 21.00	1200.00	; ;	\$.01 to \$200.00 \$1.50 200.01 to 400.00 4.50	Net Taxable Income Tax	This is to be used only when line NOTE: If deduct		15. Amount deducted on spouse's	14. Amount deducted on this return		8. lotal deductible medical and d 9. Total taxes (from line 4) 10. Total contributions (from line 1) 11. Total interest expense (from line 1)		below)	4. Total taxes (enter here and on line				Personal property	General sales (see sales tax tables)	Taxes - Real estate	3. Total deductible medical and dental expenses (enter here and on line 8, below)	2. Enter 5% of line 10, page 1 and deduct from line							unia wase, for manchine and unugs, nocions, namess, moses, nos pital care, insurance premiums for medical care, etc. (For limitation see instructions)	astronomical for madining and drings
to 5200.00 to 5400.00	to 4800.00	Ш	3800.01 to 4000.00 87.00 4000.01 to 4200.00 93.50	3400.01 to 3600.00 /5.00 3600.01 to 3800.00 81.00	Net Taxable Income Tax		SHORT FORM TAX TABLE	Amount deducted on spouse's return (enter here and on page 1, line 14)	Amount deducted on this return (enter here and on page 1, line 14)	Total ITEMIZED DEDITIONS (Add lines 8 through 12)	Total deductible medical and dental expenses (from line 3). Total taxes (from line 4). Total contributions (from line 5). Total interest expense (from line 6)	Summary of Ite	•	9							al expenses	uct from line 1							nedical care, etc.	done dantiete mires has
to 8600.00 to 9000.00	8200.00	7800.00		7000.01 to 7000.00 2/5.50	Net Taxable Income Tax	100 and standard deduction is used. g form computation.		line 14)	14)			Summary of Itemized Deductions	and on line 12, below)	7. Total miscellaneous deductions		wissouri residents. Submit copy of return.		Miscellaneous deductions (Enter net income		6 Total interest expense (enter here and on line	10 mm			Installment purchases	10, below) (For limitation see instructions).	5. Total contributions (enter here and on this				
5000	4000	2000	1000		Over	(Use one li	LON							(enter here		CHUDIA	state by			and on line					ructions) .	and on line				
6000	5000	3000	2000	\$1000	Hot Over	ine only fo	G FORM																							
+ +	90 + 3%%		+		Pay Rate	(Use one line only for entire computation)	LONG FORM TAX TABLE									_				+			-		+			1-1		
5000	4000	3000	1000		Over	outation)	Ē																							

315 + 6%	***************************************	9000	10000.00	0 187.50 0 196.50	6400.01 to 6600.00	3000.01 to 3200.00 63.00 3200.01 to 3400.00 69.00
9000		8000	9400.01 to 9600.00 345.00 9600.01 to 9800.00 357.00	169.50 178.50	6200.01 to 6200.00	
8000		7000	9400.00	161.00	5800.01 to 6000.00	0
7000		6000	8800.01 to 9000.00 309.50 i	145.00 153.00	5400.01 to 5600.00	
6000		5000	8400.01 to 8600.00 287.50 8600.01 to 8800.00 298.50	129.00	5000.01 to 5200.00 5200.01 to 5400.00	1800.01 to 1800.00 29.00
5000		4000	8400.00	121.50	4800.01 to 5000.00	_
4000		3000	7800.01 to 8000.00 255.00 8000.01 to 8200.00 265.50	107.50 114.50	4400.01 to 4600.00	
3000		2000	7800.00	100.50	4200.01 to 4400.00	800.01 to 1000.00 13.50
2000		1000	7400.00	87.00	1	600.00
\$1000	"	50	6800.01 to 7000.00 205.50 7000.01 to 7200.00 275.50	75.00 81.00	3400.01 to 3600.00	\$.01 to \$200.00 \$1.50 200.01 to 400.00 4.50
Hot Over		0ver	Net Taxable Income Tax	Tax	Net Taxable Income	Net Taxable Income Tax
)COme	•	Net Taxab	rm computation.	at use long for	NOTE: If deductions are itemized you must use long form computation	NOTE: If deduc
ne only	=	(Use one line only for entire computation)	and standard deduction is used.	s of \$10,000	e 16, page 1 is not in excess	This is to be used only when line 16, page 1 is not in excess of \$10,000 and standard deduction is used
ONG FORM TAX TABLE	Ž	5		TABLE	SHORT FORM TAX TABLE	